11/12/2009 14:51

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Dermatology Association Political Action Committee (SkinPAC) 1350 I St NW ADDRESS (number and street) Ste 870 Check if different than previously Washington DC 20005 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00359539 Χ REPORT OR (N) (A) TYPE OF REPORT (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Oct 20 (M10) Jul 20 (M7) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the Election on State of 10 0 1 2009 10 3 1 2009 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Steven J. Debnar Type or Print Name of Treasurer Electronically Filed by Steven J. Debnar 11 12 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F3X}$ 

Transaction ID:

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

3 / 23

Write or Type Committee Name

FEC Form 3X (Rev. 02/2003)

* 1					
American Academy	y of Dermatology	Association	Political Acti	on Committee	(SkinPAC)

Re	port Covering the Period: From:	01 2009	To: 0 3 1 7 7 7 9
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (	(a) Cash on Hand  January 1 2009 Y Y Y		247678.13
(	(b) Cash on Hand at Begining of Reporting Period	238523.86	
(	(c) Total Receipts (from Line 19)	20605.25	280608.93
(	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	259129.11	528287.06
7. 1	Total Disbursements (from Line 31)	12460.46	281618.41
F	Cash on Hand at Close of Reporting Period subtract Line 7 from Line 6(d))	246668.65	246668.65
t	Debts and Obligations owed TO he committee (Itemize all on Schedule C and/or Schedule D)	0.00	
t	Debts and Obligations owed BY he committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 4 / 23

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee (SkinPAC)

Report Covering the Period:

From:

м м 1 0 <sup>D</sup> 0 1

2009

та.

м м 1 0 <sup>D</sup> 3 1

<sup>Y</sup> 2009

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	15719.00	232344.51
	(ii) Unitemized	4886.25	48264.42
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20605.25	280608.93
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)  (d) Total Contributions (add Lines	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20605.25	280608.93
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13. /	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made	0.00	0.00
	to Federal candidates and Other Political Committees	0.00	0.00
	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8.	Transfers from Non-Federal and Levin Funds		
(	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(	(b) Levin Funds (from Schedule H5)	0.00	0.00
(	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
	Fotal Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20605.25	280608.93
	Fotal Federal Receipts subtract Line 18(c) from Line 19)	20605.25	280608.93

#### **DETAILED SUMMARY PAGE**

FEC Form 3X (Rev. 02/2003)

of Disbursements

5 / 23

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures:  (a) Shared Federal/Non-Federal		1
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share		
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	960.46	4617.41
	Expenditures(c) Total Operating Expenditures	900.40	4017.41
	(add 21(a)(i), (a)(ii) and (b))	960.46	4617.41
22.	Transfers to Affiliated/Other Party	0.00	0.00
23.	Committees Contributions to	0.00	0.00
	Federal Candidates/Committeesand Other Political Committees	11500.00	277000.00
24.	Independent Expenditure	0.00	0.00
25.	(use Schedule E)		0.00
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
(	(a) Individuals/Persons Other Than Political Committees	0.00	1.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1.00
	(add Lines 20(a), (b), and (c))		
9.	Other Disbursements	0.00	0.00
80.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share		
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add	2.22	
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12460.46	281618.41
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	12460.46	281618.41

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) 6 / 23

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	20605.25	280608.93
34.	Total Contribution Refunds (from Line 28(d))	0.00	1.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	20605.25	280607.93
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	960.46	4617.41
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	960.46	4617.41

FE6AN026

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary F	the Crick only only
A 0	ny information copied from such Reports and S r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	name and address of any political co	rany person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.  nittee (SkinPAC)
<b>A</b> .	Full Name (Last, First, Middle Initial) Jeffrey S. Altman  Mailing Address 731 S Middleton Avenu  City Palatine  FEC ID number of contributing federal political committee.  Name of Employer Altman Dermatology Associates  Receipt For:  Primary General	State Zip Code IL 60067-6684  C  Occupation Physician Aggregate Year-to-Date	Date of Receipt    M M M
— В.	Other (specify) ▼  Full Name (Last, First, Middle Initial) Steven Mark Burnett  Mailing Address 1545 Mound Street  City  Sarasota  FEC ID number of contributing federal political committee.	State Zip Code FL 34236-7787	Date of Receipt    M M M
	Name of Employer Self Employed  Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼	0.00
 c.	Full Name (Last, First, Middle Initial) Justin Wayne Clark Mailing Address 4809 103rd St  City Lubbock FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For: Primary General	State Zip Code TX 79424-5723  C  Occupation Dermatologist  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
[;	Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	0 0 0 0 0 0 0	1230.00

	HEDULE A (FEC Form 3X) EMIZED RECEIPTS	1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or fo	r information copied from such Reports and S or commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Dermatology A	name and addres	s of any political committee to	o solicit contributions from such committee.
A	Full Name (Last, First, Middle Initial) Donald Eugene Clemons  Mailing Address 720 Harbor Point Drive  City  Johnson City  FEC ID number of contributing rederal political committee.  Name of Employer Tri-Cities Skin and Cancer  Receipt For:  Primary General Other (specify)	State TN  C  Occupation Physician  Aggregate Yea	Zip Code 37615-2963 ar-to-Date ▼ 500.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. :	Full Name (Last, First, Middle Initial) Scott Andrew Buckta Collins  Mailing Address 14021 Chelsea Drive  City  Lake Oswego  FEC ID number of contributing rederal political committee.  Name of Employer Dermatology Associates  Receipt For:  Primary General Other (specify)	State OR C Occupation Physician Aggregate Yea	Zip Code 97035-5762 ar-to-Date ▼ 500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. [	Full Name (Last, First, Middle Initial) Karen Collishaw  Mailing Address Suite 870	State DC C	Zip Code 20005-3387  Management ar-to-Date ▼  500.00	Date of Receipt  M M M J D D J D Z D O 9  Transaction ID: 1ABCE67ABA6A0D8D99  Amount of Each Receipt this Period  50.00
SU	BTOTAL of Receipts This Page (optional)			1050.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or f	r information copied from such Reports and sor commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	e name and ad	dress of any political committee to	o solicit contributions from such committee.
۹. ِ	Full Name (Last, First, Middle Initial) Michael E. Cormier Mailing Address 2000 Tybee		·	Date of Receipt
	City  Lake Charles	State LA	Zip Code 70605	Transaction ID: 4413E268563A6EDE5E  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer Self-Employed	Occupatio		334.00
	Receipt For:  Primary General  Other (specify) ▼	Physicia Aggregate	n e Year-to-Date ▼ 334.00	
3.	Full Name (Last, First, Middle Initial) Doris J. Day  Mailing Address Apt. 14M 330 E 33rd Street			Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 9C59F37D24390705D3I
•	New York  FEC ID number of contributing federal political committee.	C	10016-9439	Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed	Occupatio Dermato	logist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
<b>;.</b>	Full Name (Last, First, Middle Initial) Barbara Greenan Mailing Address Suite 870 1350 I Street Northwe			Date of Receipt  1 0 1 6 2 0 0 9
-	City	State	Zip Code	Transaction ID: 7D9869A5871A8D6CFE
	Washington FEC ID number of contributing federal political committee.	C	20005-3387	Amount of Each Receipt this Period  25.00
	Name of Employer American Academy of Dermatology Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	<del>-, '</del>	ion Management e Year-to-Date  ▼ 225.00	
SU	JBTOTAL of Receipts This Page (optional) .	1		859.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 23 (check only one)    X   11a
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	statements may not be sold or used by any personame and address of any political committee to a special committee (Section Political Action Committee)	o solicit contributions from such committee.
<b>A</b> .	Full Name (Last, First, Middle Initial) Terry P. Hadley  Mailing Address 32 Hugh Cargill Rd  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Assoc. of Concord, Inc. Receipt For:  Primary General Other (specify)	State Zip Code MA 01742-5605  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   2 0 0 9    Transaction ID: F348D0BB486C5CD0B96   Amount of Each Receipt this Period   250.00
В.	Full Name (Last, First, Middle Initial) Terry P. Hadley  Mailing Address 32 Hugh Cargill Road  City Concord  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Assoc. of Concord, Inc. Receipt For: Primary General Other (specify)	State Zip Code MA 01742-5605  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   D   D   2 2   2 0 0 9
_ c.	Full Name (Last, First, Middle Initial) Iltefat H. Hamzavi  Mailing Address 46638 Inverness Road  City  Canton  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Specialist of Canton Hamza  Receipt For:  Primary General  Other (specify)	State Zip Code MI 48188-3050  C  Occupation Physician  Aggregate Year-to-Date   365.00	Date of Receipt  M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional)	1	865.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology As	name and add	dress of any political committee to	o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Stephen E. Helms Mailing Address 8485 Squirrel Hill Drive	e Northeast		Date of Receipt  10 22 2009
	City Warren	State OH	Zip Code 44484-2051	Transaction ID: 8738609F0737F475284  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.  Name of Employer	Occupatio	n	500.00
	Name of Employer Self Employed  Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Physicia		
- В.	Full Name (Last, First, Middle Initial) J. William Holtze  Mailing Address 5300 Woodland Avenue			Date of Receipt  10 27 2009
	City	State	Zip Code	Transaction ID: 2D0A3ED3424AB4B90B
	Des Moines  FEC ID number of contributing federal political committee.	C	50312-1946	Amount of Each Receipt this Period  500.00
	Name of Employer The Iowa Clinic PC	Occupatio Physicial	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
с. С.	Full Name (Last, First, Middle Initial) Weimin Katherine Hu  Mailing Address 6112 E Avenida De Kir	ra		Date of Receipt
			7:0.1	10 22 2009
	City Tucson	State AZ	Zip Code 85750-1247	Transaction ID: 54DFC29014E9A498EB  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Specialty in Dermatology	Occupatio Physicia		
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional)			1500.00
	TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than us  NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any pering the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Academy of Dermatolo  Full Name (Last, First, Middle Initial) Jo Ann Jones  Mailing Address 178 Hunterwood  City  Bowling Green  FEC ID number of contributing federal political committee.  Name of Employer Graves Gilbert Clinic  Receipt For: Primary General Other (specify)		Date of Receipt    Date of Receipt
Full Name (Last, First, Middle Initial) Lloyd E. King, Jr. Mailing Address 211 Kensington I  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Vanderbilt University  Receipt For:  Primary General	Park  State Zip Code TN 37215-2446  C  Occupation Dermatologist  Aggregate Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Pamela Ann Leve Mailing Address 328 Fishers Road City Pittsford FEC ID number of contributing federal political committee.  Name of Employer Barrington Park Dermatological Assoc. Receipt For: Primary General Other (specify)		Date of Receipt  10 27 2009  Transaction ID: 6A59C350BBECF1E3B7  Amount of Each Receipt this Period  250.00
	onal)	750.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A			
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Henry W. Lim Mailing Address 7 Elmsleigh Lane			Date of Receipt
	City Grosse Pointe	State MI	Zip Code 48230-1902	Transaction ID: A78CD058573B0383B04 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Dept of Dermatology, Henry Ford Medica Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physicia Aggregate		
- В.	Full Name (Last, First, Middle Initial) Leon Eugene Luck  Mailing Address Apt 9D 25 Forest St			Date of Receipt  10 07 2009
	City Stamford	State CT	Zip Code 06901-1856	Transaction ID: 55A60A329E6F485FE33 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Dermatology Associates of Fairfield Co Receipt For:  Primary General Other (specify) ▼	Occupation Physicia Aggregate		
- C.	Full Name (Last, First, Middle Initial) Stephanie A. Mackey Mailing Address 1027 Hunters Path			Date of Receipt
	City	State	Zip Code	10 22 2009 Transaction ID: 63174C1CF3B2EE9A73
	Lancaster  FEC ID number of contributing federal political committee.	PA C	17601-1744	Amount of Each Receipt this Period 250.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For:  Primary General  Other (specify) ▼	<del>, ' '                                 </del>	e Year-to-Date ▼ 250.00	
	SUBTOTAL of Receipts This Page (optional) .			1115.00
	TOTAL This Period (last page this line number	r only)	,	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)	nd Statements may not be sold or used by any personal the name and address of any political committee of Association Political Action Committee (S	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard M. Matkaluk  Mailing Address Ste 270  28780 Single Oak E  City	Or State Zip Code	Date of Receipt    M
Temecula	CA 92590-5534	Transaction ID: D2A5A8D282D1FFAC12
FEC ID number of contributing federal political committee.	CA 92390-3334	Amount of Each Receipt this Period  300.00
Name of Employer Self-Employed	Occupation	PayPal
Receipt For:  Primary General  Other (specify) ▼	Physician  Aggregate Year-to-Date ▼  300.00	
Full Name (Last, First, Middle Initial) Daniel Kenneth McKenzie		Date of Receipt
Mailing Address 23772 Salvador Ba	у	10 13 2009
City	State Zip Code	Transaction ID: 248AB1A6045746D7F20
Monarch Beach	CA 92629-4207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	600.00
Name of Employer Saddleback Medical Group	Occupation Dermatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Full Name (Last, First, Middle Initial) Ali Moiin		Date of Receipt
Mailing Address 1175 Three Mile Dri	ive	1 0 1 6 2 0 0 9
City	State Zip Code	Transaction ID: FD859D8737B7C59740
Grosse Pointe Park	MI 48230-1414	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer A Comprehensive Dermatolo- gy	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	•	1400.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A	e name and add	dress of any political committee to	o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Jennifer A. Palmer  Mailing Address 101 Pike Court  City Pella  FEC ID number of contributing federal political committee.  Name of Employer lowa Dermatology Inc  Receipt For: Primary General Other (specify)	State IA  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
В.	Full Name (Last, First, Middle Initial) William T. Parsons  Mailing Address 6 Braeburn Oaks  City San Antonio  FEC ID number of contributing federal political committee.  Name of Employer Dermatology Assoc of San Antonio  Receipt For:  Primary General Other (specify)	State TX  C  Occupatio Physicial Aggregate		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
с.	Full Name (Last, First, Middle Initial) Jennifer White Pennoyer  Mailing Address 27 Cedar Ledge Road  City  West Hartford  FEC ID number of contributing federal political committee.  Name of Employer Self Employed  Receipt For:  Primary General Other (specify)	State CT C Occupatio Dermato		Date of Receipt  M M M / 22 / 2009  Transaction ID: 55F3742518DDB3DBE91  Amount of Each Receipt this Period  300.00
	SUBTOTAL of Receipts This Page (optional)			1550.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule( for each category of the Detailed Summary Page	
A	ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any ne name and address of any political commit	person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
	American Academy of Dermatology	Association Political Action Committe	ee (SkinPAC)
	Full Name (Last, First, Middle Initial) Richard E. Ranchoff		Date of Receipt
	Mailing Address 23777 W Rim Drive		10 22 2009
	City	State Zip Code	Transaction ID: C18C88D00CEE9B9EE
	Columbia Station	OH 44028-8918	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer West Valley Medical Build- ing	Occupation Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.0	0
_	Full Name (Last, First, Middle Initial) Curtis A. Raskin		Date of Receipt
	Mailing Address 519 Oakshire Pl		10 07 2009
	City	State Zip Code	Transaction ID: 84B131228B1591754B
	Alamo	CA 94507-2327	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Self Employed	Occupation Dermatologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.0	0
_	Full Name (Last, First, Middle Initial) Jason J. Romero	.1	Date of Receipt
	Mailing Address 551 Ratcliff Street		10 27 2009
	City	State Zip Code	Transaction ID: 4FF8507D0CABF06CD
	Shreveport	LA 71104-5019	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer Dermatology and Skin Surg- ery APMC	Occupation Physician	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General Other (specify) ▼	250.0	0
Г			1500.00

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 23 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  American Academy of Dermatology A			on for the purpose of soliciting contributions o solicit contributions from such committee.
Α.	Full Name (Last, First, Middle Initial) Robert Jay Roth Mailing Address 16 Foothill PI  City Pleasanton  FEC ID number of contributing federal political committee.	State CA	Zip Code 94588-9778	Date of Receipt  M M M / D D / 2 0 0 9  Transaction ID: 0CEEDAC39F886B2E854  Amount of Each Receipt this Period  250.00
	Name of Employer Eastbay Dermatology Med Group Receipt For:  Primary  General  Other (specify) ▼	Occupation Physicia Aggregate		
В.	Full Name (Last, First, Middle Initial) Harry W. Saperstein Mailing Address 10271			Date of Receipt  10 07 2009
	City Los angeles FEC ID number of contributing federal political committee.	State CA	Zip Code 90064	Transaction ID: 69AC38205743EC9E3F7  Amount of Each Receipt this Period  400.00
	Name of Employer Self-Employed  Receipt For:  Primary General  Other (specify) ▼	Occupation Dermato		
C.	Full Name (Last, First, Middle Initial) Kerry M. Shafran Mailing Address 5515 Silchester Lane			Date of Receipt
	City Charlotte  FEC ID number of contributing federal political committee.	State NC	Zip Code 28215-5324	Transaction ID: 1953A60AC22984A39DB  Amount of Each Receipt this Period  500.00
	Name of Employer Self Employed  Receipt For: Primary General	Occupation Physicia Aggregate		
	Other (specify) ▼  SUBTOTAL of Receipts This Page (optional) .			1150.00
	TOTAL This Period (last page this line number	r only)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 23 (check only one)  X 11a 11b 11c 12 15 16 17
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Full Name (Last, First, Middle Initial) Steven Kenneth Shama Mailing Address Ste 406  1 Brookline PI City Brookline  FEC ID number of contributing federal political committee.  Name of Employer Brookline Village Dermatology, PC Receipt For:  Primary General Other (specify)	State Zip Code MA 02445-7296  C  Occupation Physician Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Cathy A. Slater  Mailing Address 6179 Windchase Dr  City Rocky Mount  FEC ID number of contributing federal political committee.  Name of Employer Slater Dermatology  Receipt For: Primary General Other (specify)	State Zip Code NC 27803-8780  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Stuart Alan Sobel  Mailing Address Suite 101 4340 Sheridan Street  City Hollywood  FEC ID number of contributing federal political committee.  Name of Employer Sobel & Sofram  Receipt For: Primary General Other (specify)	State Zip Code FL 33021-3512  C  Occupation Physician  Aggregate Year-to-Date  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS  Any information copied from such Reports a	Use separate schedule(s) for each category of the Detailed Summary Page  and Statements may not be sold or used by any perso g the name and address of any political committee to	FOR LINE NUMBER: PAGE 19 / 23 (check only one)  X 11a 11b 11c 12  13 14 15 16 17  In for the purpose of soliciting contributions
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Full Name (Last, First, Middle Initial) Stephen P. Stone  Mailing Address 2021 S Wiggins A	venue	Date of Receipt  1 0 1 6 2 0 0 9
City	State Zip Code	Transaction ID: 0D349E949A5B9911485
Springfield	IL 62704-3338	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer SIU School of Medicine, Div of Dermato	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 3750.00	
Full Name (Last, First, Middle Initial) James R. Watt		Date of Receipt
Mailing Address 2705 Hampton Br	dge Road	10 27 2009
City	State Zip Code	Transaction ID: F10573A9123C3CB39C0
Delray Beach	FL 33445-7134	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Self Employed	Occupation Dermatologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee    NAME OF COMMITTEE (In Full)	ITEMIZED DISBURSEMENTS		X 21b	22 23 24 2	
NAME OF COMMITTEE (In Full) American Academy of Dermatology Association Political Action Committee (SkinPAC)  Full Name (Last, First, Middle Initial) American Express  Mailing Address PO Box 53852  City State Zip Code Phoenix AZ 85072:3852  Purpose of Disbursement Amex Foss Candidate Name  Office Sought: House President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Pesident District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Possoght: House Disbursement For: Sonate Primary General Primary General Office Sought: President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City General Primary General Office Sought: House Disbursement For: Sonate Primary General Office Sought: President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City General Primary General Office Sought: President District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Sonate President Disbursement For: Sonate District:  Full Name (Last, First, Middle Initial) Merchant Services  Mailing Address PO Box 6603  City Address PO Box 6603  City Address PO Box 6603  City Address PO Box 6603  Amount of Each Disbursement this Period  Amount of Each Disbursement This Period  Transaction ID: VE8C9317E53BE27C Date of Disbursement Primary General Primary General Primary General Primary General Disbursement This Period  Office Sought: House Disbursement For: Sonate President Disbursement For: Sonate President Disbursement For: District: Sonate Primary General Disbursement For: District Sonate Primary General Disbursement For: District Sonate Primary Ge					
American Academy of Dermatology Association Political Action Committee (SkinPAC)  Full Name (Last, First, Middle Initial)     American Express     Mailing Address PO Box 53852  City State Zip Code AZ 85072-3852     Purpose of Disbursement Amex Fees     Candidate Name  Office Sought: House President Primary General P		ame and address of any politic	al committee to so	licit contributions from such commi	ttee
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/	st, First, Middle Initial)					3B26B6E96442BEB1
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	American Academy of Dermatology Asso	ciation Political Action C	ommi	ttee (S	kinPAC	)		
•	Full Name (Last, First, Middle Initial) Friends of Carolyn McCarthy  Mailing Address 151 Linden Road				Da		sburseme	43B120366C95C13 nt /
	City Mineola	State Zip Code NY 11501			Am	ount of	Each Disl	bursement this Period
	Purpose of Disbursement 2010 Primary Candidate Name Carolyn McCarthy		Ca	)11 egory/				1500.00
	Office Sought: X House Disburs	ement For: 2010  ( Primary General Other (specify)		уре				
	Full Name (Last, First, Middle Initial) Gillibrand for Senate  Mailing Address 313 C Street NE				Da	te of Dis	on ID: Cosbursement	84A24A924C86440 nt
	City Washington  Purpose of Disbursement Voided check issued on 9/18/09  Candidate Name Kirsten E. Gillibrand	State Zip Code DC 20002	Ca	)11 egory/	Am	ount of	Each Disi	bursement this Period -1500.00
	9 🗎	ement For: 2010  Primary General Other (specify)						
	Full Name (Last, First, Middle Initial) Lisa Murkowski for Us Senate				Da	te of Dis	sburseme	
	Mailing Address PO Box 100847				1	0 <sup>M</sup>	<sup>D</sup> 2 1	2009
	City Anchorage	State Zip Code AK 99510			Am	ount of	Each Disl	bursement this Period
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	Candidate Name Lisa A. Murkowski			egory/ ype				
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Full Name (Last, First, Middle Initial)  Nebraska Leadership Pac			Date of Disburs		
Mailing Address PO Box 3325	Mailing Address PO Box 3325				
City Omaha	State Zip Code NE 68103		Amount of Eac	h Disbursement this Period	
Purpose of Disbursement 2009 Contribution		011	<u> </u>	2500.00	
Candidate Name Nebraska Leadership Pac		Category/ Type			
Senate President	sement For: 2009  Primary General  X Other (specify) ▼ ibution				
Full Name (Last, First, Middle Initial) Republican Mainstreet Partnership Pac	ibulion .		Transaction IE Date of Disburs	D: CC6D2F2E0E534713	
Mailing Address C/O G & W 2201 Wisc Suite 320	onsin Ave. NW		10 M / D	19 / 2009	
City Washington	State Zip Code DC 20007		Amount of Eac	h Disbursement this Period	
Purpose of Disbursement 2009 Contribution		011	<u> </u>	2500.00	
Candidate Name Republican Mainstreet Partnership Pac					
Office Sought: House Disbur Senate President	sement For: 2009 Primary General X Other (specify)  ibution	- 71-2			
Full Name (Last, First, Middle Initial) Senate Majority Fund			Date of Disburs		
Mailing Address PO Box 32025			10 / 0	22 7 2009	
City Phoenix	State Zip Code AZ 85064		Amount of Eac	h Disbursement this Period	
Purpose of Disbursement 2009 Contribution				1000.00	
Candidate Name Senate Majority Fund		Category/ Type			
Senate	sement For: 2009 Primary General X Other (specify)				
State: District: Contr	ibution				
SUBTOTAL of Disbursements This Page (optiona	l)	I		6000.00	
TOTAL This Period (last page this line number onl				11500.00	